

Date of baptism into the Seventh-day Adventist Church _____
Month Day Year

How long have you been a Christian _____

Which Spirit of Prophecy books have you read through completely?

Which evangelistic activities do you enjoy participating in?

In which church offices, if any, have you served?

Personal History

Do you have any physical, mental or medical impairment or disability that would limit your performance at this institution? No Yes

If yes, please describe

Have you been convicted of a crime other than a minor traffic offense? No Yes

If yes, please explain

Please give the name, address, and telephone number of three references who know you well, who are not related to you, and who are **not** previous employers

1. _____
2. _____
3. _____

Education

	Elementary	High School	College/University	Advanced
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Year/Time Period				

Which subjects did you enjoy most?

Were you ever dismissed? No Yes

If yes, please explain

How well do you understand spoken Japanese? Fluent Intermediate Beginner

Can you read and write Japanese? Fluent Intermediate Beginner

Employment

List the last three working positions, starting with your most recent

Name	Address	Kind of Work	Start Date	End Date	Reason for Leaving

Do you have any current financial obligations? No Yes

If yes, please list _____

Please list the names and telephone numbers of two individuals under whom you have **worked** whom we may contact for references

1. _____

2. _____

Have you ever been discharged or asked to resign? No Yes

If yes, please explain

Skills

Please summarize special skills and qualifications acquired from employment or other experience

Can you type? No Yes

If yes, WPM _____ Word processing? _____

Do you have musical abilities? No Yes

If yes, please describe

Do you have other hobbies and interests?

Mount Akagi Affiliation

Have you ever been a worker or student in another OCI affiliated institution? No Yes

If yes, where?

Why do you want to come to Mount Akagi?

How did you learn about our program? _____

How long do you plan to remain at Mount Akagi? _____

What are your plans after leaving Mount Akagi? _____

Have you filed an application at Mount Akagi before? No Yes

If yes, please give the date _____

Month Day Year

Have you ever been at Mount Akagi before? No Yes

If yes, please choose the appropriate classification: Student Worker Health Guest Visitor

And please give some history about your stay

Information for Visa

If you are a foreigner and we need to apply for your visa, please supply the following information

1. Place of birth _____

City

Province

Country

2. Permanent address

Registration and Licensure

If your occupation requires National Registration or State Licensure, please complete the following.

National Membership _____

Registry No. _____ State License No. _____ State _____

In what other states are you registered or licensed?

On a separate piece of paper please give your testimony, write about yourself and your background including information to answer the following questions.

1. When did you accept Christ as your personal Savior and yield your life fully to Him?
 2. Please tell in your own words what Jesus means to you practically.
 3. Please state your conviction regarding your philosophy on Christian education and how these have influenced your life.
 5. What role does the Bible take in your life? What do the scriptures mean to you and how do you use them?
 6. What do you understand conversion to be?
 7. Do you believe that Ellen White received the prophetic gift?
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Because of the necessity of maintaining service during the Sabbath hours for the sick in the Mount Akagi Lifestyle Center and Hospital, we ask our staff to participate in this special ministry. This helps relieve those personnel who serve during the week in patient care and who need suitable periodic relief from their duties. A monthly schedule is prepared in which staff and students serve usually one weekend per month in some capacity for a portion of Friday afternoon or during the Sabbath hours. This ministry is done only in the departments essential for care of the sick. Jesus Himself lived among men "as he that serveth", and indicated it was lawful to do good on the Sabbath.

I have read the above and I am willing to share in Sabbath Ministry.

Signature_____

I understand that in the event my application is accepted for consideration that I authorize investigation of all statements contained herein and do hereby release any and all persons responding from any liability for any damage due to releasing information pertaining hereto. As a condition of acceptance I hereby consent to undergo any required physical examination by a physician.

Successful completion of the matters set forth herein is a prerequisite to acceptance and I further understand that misrepresentation of facts asked for on this application is cause for rejection of the same or for subsequent dismissal no matter when discovered.

I believe God has called me to Mount Akagi and I choose to keep close to Jesus through personal Bible study and prayer and bring my life into harmony with God's principles as outlined in the Bible and Spirit of Prophecy. Therefore, I "freely give" as I have "freely received," and plan to render my services to the institution for at least one full year (12 months). If accepted, I agree to comply with and be bound to all rules and regulations of this institution and be subject to the 90 day probationary period.

Date of application_____ Signature_____